

DECLARATION FOR UNITED STATES PATENT APPLICATION

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled AED WITH FORCE SENSOR, the specification of which is attached hereto unless the following is checked:

☐ The specification was filed on _____ as United States Application Number or PCT International Application Number _____ and was amended on _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, § 1.56.

I hereby claim foreign priority benefits under Title 35, United States Code, § 119(a)-(d) of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed.

Prior Foreign Application(s)			Priority Claimed
------------------------------	--	--	------------------

(Number)	(Country)	(Day/Month/Year Filed)	(Yes/No)
----------	-----------	------------------------	----------

(Number)	(Country)	(Day/Month/Year Filed)	(Yes/No)
----------	-----------	------------------------	----------

I hereby claim the benefit under Title 35, United States Code, § 119(e) of any United States provisional application(s) listed below.

(Application Number)	(Filing Date)
----------------------	---------------

(Application Number)	(Filing Date)
----------------------	---------------

I hereby claim the benefit under Title 35, United States Code, § 120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application(s) in the manner provided by the first paragraph of Title 35, United States Code, § 112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, § 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

(Application Number) (Filing Date) (Status - patented, pending, abandoned)

(Application Number) (Filing Date) (Status - patented, pending, abandoned)

I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

James H. Patterson (30,673), Steven J. Keough (33,190), John F. Thuente (29,595), William M. Hienz III (37,069), Paul W. Stanga (38,320), William L. Alexander (37,269), Girma Wolde-Michael (36,724), Kimberly K. Baxter (40,504), Paul S. Grunzweig (37,143), Eric H. Chadwick (41,664), and Randall T. Skaar (42,151).

Address all telephone calls to: Paul W. Stanga at telephone number (612) 349-3001

Address all correspondence to: Paul W. Stanga
Patterson & Keough, P.A.
4800 IDS Center, 80 South 8th Street
Minneapolis, Minnesota 55402-2100

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Allen W. Groenke

Full name of sole or first inventor (given name, family name)

Allen W. Groenke

Inventor's signature

10-27-98

Date

Bloomington, Minnesota

Residence (City and either State or Foreign Country)

U.S.

Citizenship

c/o SurvivaLink Corporation, 5420 Feltl Road, Minnetonka, Minnesota 55343

Post Office Address

James E. Brewer

Full name of second inventor (given name, family name)

James E. Brewer

Inventor's signature

10/28/98

Date

Cottage Grove, Minnesota

Residence (City and either State or Foreign Country)

U.S.

Citizenship

c/o SurvivaLink Corporation, 5420 Feltl Road, Minnetonka, Minnesota 55343

Post Office Address

Applicant or Patentee: Groenke et al.
Serial or Patent No.:
Filed or Issued:
For: AED WITH FORCE SENSOR

VERIFIED STATEMENT (DECLARATION) CLAIMING
SMALL ENTITY STATUS (37 CFR 1.9(f) and 1.27 (c))
SMALL BUSINESS CONCERN

I hereby declare that I am

- ☐ () the owner of the small business concern identified below:
- ☒ (X) an official of the small business concern empowered to act on behalf of the concern identified below:

Name of Concern: SurVivaLink Corporation
Address of Concern: 5420 Feltl Road, Minnetonka, Minnesota 55343

I hereby declare that the above-identified small business concern qualifies as a small business concern as defined in 13 CFR 121.12, and reproduced in 37 CFR 1.9(d), for purposes of paying reduced fees under Section 41(a) and (b) of Title 35, United States Code, in that the number of employees of the concern, including those of its affiliates, does not exceed 500 persons. For purposes of this statement, (a) the number of employees of the business concern is the average over the previous fiscal year of the concern of the persons employed on a full-time, part-time or temporary basis during each of the pay periods of the fiscal year, and (2) concerns are affiliates of each other when either, directly or indirectly, one concern controls or has the power to control the other, or a third party or parties controls or has the power to control both.

I hereby declare that rights under contract or law have been conveyed to and remain with the small business concern identified above with regard to the invention, entitled AED WITH FORCE SENSOR by inventor(s) Groenke et al. described in

- ☒ (X) the specification filed herewith
- ☐ () application Serial No. _____, filed _____
- ☐ () Patent No. _____, issued _____

If the rights held by the above-identified small business concern are not exclusive, each individual, concern or organization having rights to the invention is listed below* and no rights to the invention are held by any person, other than the inventor, who could not qualify as a small business concern under 37 CFR 1.9(d) or by any concern which would not qualify as a small business concern under 37 CFR 1.9(d) or a nonprofit organization under 37 CFR 1.9(e). *NOTE: Separate verified

statements are required from each named person, concern or organization having rights to the invention averring to their status as small entities. (37 CFR 1.27)

NAME:

ADDRESS:

() INDIVIDUAL () SMALL BUSINESS CONCERN () NONPROFIT ORGANIZATION

NAME:

ADDRESS:

() INDIVIDUAL () SMALL BUSINESS CONCERN () NONPROFIT ORGANIZATION

I acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity is no longer appropriate. (37 CFR 1.28(b))

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this verified statement is directed.

NAME OF PERSON SIGNING: Byron Gilman

TITLE OF PERSON SIGNING: Chairman and Chief Technical Officer

ADDRESS OF PERSON SIGNING: 5420 Feltl Road, Minnetonka, MN 55343

SIGNATURE

Byron L. Silva

DATE

10/28/98